

Notes From The Underground

A FREE PUBLICATION

Many Experiences and Opinions One Vision

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This Edition is dedicated to the experiences and concept of personal, workplace and community transition

Notes From The President: Jan Hobbs

Transition: Change

Over the years I have had the opportunity to watch the changes of the group and it's individuals. GM has moved in many new directions by becoming more visible and encouraging each person to discover who they truly are. This transition can be just the ability to arrive each month presenting in your true gender or living your life full time in your true gender. Transition does not mean that each person must or needs to undergo hormone therapy or have SRS to be the person they know in their heart they are.

I have had the privilege of watching the blossoming of various members into who they are and have enjoyed this process of discovery. I have also met many FtoM's as they are coming to terms with who they are. The parallels between the discovery processes are the miracle that always astounds me. I cannot for the life of me understand why anyone would go to such extremes to be whom they are however I can understand, after watching the life return to someone's eyes, the necessity to undergo this process.

The road to being the person you are is filled with self-doubts and possible recriminations however it is a road that many need to travel. I believe that whatever we as an organization can provide to make that road easier we need to do. No matter where you are or what your objectives are GM has

always been there to encourage you every step of the way and will continue to do so.

I will always enjoy watching the discovery process and being part of an organization that encourages each of us to be just that...an individual person in our own right.

Agriculture Canada meets the TG Community

About two months ago Christine Moses a Project Manager at Agriculture Canada first approached Joanne Law about their desire to launch a public awareness campaign targeted to young adults on food safety.

Agriculture Canada had decided that it would be interesting and fun to make the image in the campaign a transgender senior (following in the "where's the beef image"). Joanne and Christine met on Pride day late in the afternoon and she showed me the proofs and explained the reason for this campaign. They talked for a few minutes and it was agreed to have another meeting and bring Margo into that meeting.

As this was going to be a national event there had to be others involved in the thought process representing the trans community. The first meeting was an eye opener to her. Christine is wondering where this cell of transfolk came from

as she thought that Joanne was the only trans woman in Ottawa that was visible. Quite a shock!!!

5 years ago this type of consultation would not have happened, there would be no input by our community. At the second meeting Joanne and Margo had serious concerns about the identification of a 'trans person image' in the first place and then about how that person was portrayed.

Agriculture Canada indicated that they were committed to going forward with that model, so the approach taken was to do the best to radically clean up the image and then assess if even that version was acceptable as Agriculture Canada seemed to want a stamp of approval from the community.

Part of the deal with them have them make the obvious and necessary changes and re-submit the layouts for consultation to us and that at no time were they assured that they would gain approval simply by making some changes as there were very serious concerns about the concept itself. Their motivation to change was the stated threat to file a human rights complaint against them should the image be deemed to be harmful to the transgender community.

So they made the changes at their expense and there where

several meetings, emails and blocking of further silliness at the expense of the trans community.

Then came the proofs and a request for review and approval in less than 24 hours. So they were told thanks for the changes but that there was a need for greater time and feedback from a range of transgender individuals who all needed to see and reflect on the proofs.

That feedback went right back to the initial concerns and rejected the image totally. The feedback was clear and firm in its rejection and willingness to return to the constant option of human rights action should they go forward. It is particularly important to note that Shannon played a pivotal role in escalating the concerns of the reviewers and getting the attention of Agriculture Canada.

This is a case where trying to work with Agriculture Canada on what was seen as a given turned out to not be so pouré in concert after all.

The outcome was the cancellation of the transgender granny image and a complete re-thinking of how Agriculture Canada would portray our community. It also raised the awareness of the transgender community to over 50 partner organizations involved in this campaign from coast to coast and one shell shocked

Advertisement agency.

So beside the process what actually came out of this event. I want to refer to two of the participants in the review process, Kaitlin's and Shannon for their assessments:

I think something very significant has occurred here for the TG community.

- 1 The Dept. of Agriculture thought of using a trans. figure to promote a programme.
- 2 The Dept thought it wise to consult with the TG community.
- 3 The TG community expressed itself (not just one person).
- 4 The TG community had influence and the campaign is being rethought.
- 5 The TG community will continue to be involved.

All of this is to be celebrated, it means a huge advance has been made (at least in this case).

What is needed now is for those involved from the Dept. of Agriculture to get a deeper understanding of the Transgender community.

Why was the Trans community inserted into the campaign? It seems that it was thought that this would add some humour.

This needs to be looked at, are we seen as a joke?

We have an opportunity here, if we use it wisely much could be

accomplished.
Kait

Thank you Margo and Joanne for your persistence in challenging AgCan. I hope that we have made them wake up and smell the degradation.

It is indeed inspiring and empowering to know that the trans community can speak as a united voice and advocate effectively for itself.

Congratulations to all. Let's hope this was just a warm-up for even bigger things to come. I agree completely with your call for the formation of a national advocacy organization and that is a project that I am willing to devote myself to assisting with.

Shannon

This example occurred because we were willing to canvas and work together not with a single opinion but with a single vision maybe, just maybe it is time to the establishment of an "EGALE" type organization for transgender people in Canada

Letter from one of DND's very first Transgender Officers who came out in 1992 and paid the price at that time. Now take a look at how things have changed for her

Dear Friends
By Pippa DND Air Force Capt.

It has now been over 4 months since my departure from Canada

and 2 months since my last note to you all. I cannot say that it has all been a bed of roses, though I have certainly enjoyed my time so far.

Since I last put fingers to keyboard, a lot has transpired. I managed to get the Polish Rotation cleared up and have since sent the Austrians, and Slovaks home and we are only a short 6 days away from the next Canadian Rotation. Life will be very busy over the next few weeks.

I thank each and every one of you for taking the time to send me a Birthday Box. I had the time of my life opening it and people thought I was absolutely out of my mind as I carried on over its contents. That night the whole Canadian contingent sang Happy birthday to me at supper, overall very embarrassing, never the less lots of fun.

The following morning I left for 4 days in Jordan with stops in Amman, Jerash, Mt Nebo and Petra. Amman was somewhat sedate as we were confined to our hotel because of the terrorist threat, so the only chance to see anything was from the bus on the way in and out. We did manage to get to the Dead Sea for an afternoon, floated about, and covered each other with the so-called medicinal mud. I think it was just an excuse to have a mud fight. The Dead Sea is the lowest point on earth; some 400

metres (1320 ft) below sea level and so salty that nothing can live in it. You walk in and when the water reaches your waist, your feet just come off the bottom, you cannot sink. It is a very unusual feeling.

We then made our way to Petra, known as the "Rose Red City" and made famous in the filming of the Indiana Jones movies. It was totally amazing, a whole city, over 800 stone monuments and buildings, built sometime around the 6th century BC out of living rock and sandstone. I spent the day running around taking roll after roll of film. I was completely mesmerized. We proceeded back to our hotel, a reconstructed Bedouin Village, with all the comforts one would expect at a 5 star resort. That night a group of us took advantage of a Turkish Steam and Massage, then had dinner and just drifted quietly back to our rooms and slept like babies.

The next day, our last we visited Jerash, another ancient ruin, built around the first century BC. From there, we visited Mt Nebo, the burial place of Moses and then the long bus trip home and back to the reality of work.

October and November seem to have flown by and here we are only a month left before Christmas. We are starting to see Christmas advertisements (the closed circuit from Canada)

on the television, which makes us all, think about home. Chanukah, the festival of lights, began here (Israel) on Friday last and Ramadan is ending in Syria. I believe all my presents have been sent, though I am not sure if they have made it to Canada yet. The mail here is a hit and miss type deal with some things making it home in 10 days while others seem to take weeks. I am sure that by the time you read this the Warkworth Santa Claus parade will be just a memory and small children will really be wound up about Christmas.

Our Troop Rotation is almost upon us as I finish this and I'm sure right now in Canada there are quite a number of people trying to get packed, say their good-byes, and making their way to Trenton to board an Aircraft for the Middle East. Certainly here there are some very "antsy" folks who are finding it hard to sleep and even harder to concentrate on anything, but the idea of being back in Canada. If asked they would all give you the same answer, "I've had a great time, but now it's time to leave". Those of us that remain will most certainly miss them, though there will be new faces to fill the spaces left and new friendships to be made, something you get very used to in the military. Soon enough we too will be getting that same "antsy" feeling.

Well dear friends as I close I wish each and everyone of you a most wonderful holiday season and all the very best for the New Year. I will be home for 2 weeks leave in the New Year and hope to see some of you then. Take care of that wonderful little village we all love to call home, Warkworth.

PFLAG was honoured to be asked to be asked to the Gender Mosaic 15th Anniversary. Nelson and I were overwhelmed by the hospitality. Margo Ross is a superb caterer and we enjoyed every bit we ate. But it was an event about so much more. It is the first time we have had an opportunity to hear the history of GM from its beginnings to the present. To listen to Teddy Michaels document in spoken pictures all that has happened put everything into such clear perspective; and I cannot adequately express our admiration for your courage, your strength, your dignity and the strong sense of humour that interwove the telling of the story of your lives.

Joanne Law, Jan Hobbs and Zelda and Lyn Lefevre have all come to our meetings to share and to offer support for families doing the coming out process. They have brought so much awareness to our group, enabling it to step beyond the GLB focus and add the T to our support and advocacy work. You have all made us so much

more than we were and we will be forever in your debt.

We wish you many more years of success and we treasure those who have become such strong personal friends. Here is to all of you. Blessings. With great affection, Nelson and Anne

Bad Apple: A Personal Account of Tracheal Shave Surgery by Sean David

Introduction: The Rationale

Like so many of the biological and physical aspects of themselves that a male-to-female transgendered person may seek to modify or eliminate in furtherance of their gender transformation, the presence of a prominent "Adam's apple" is one that we either have, or do not have, depending on our own particular genetic draw of the cards. We may be predisposed to a dark, coarse beard shadow, or we may not. Similarly, we may be predisposed to developing a more or less pronounced Adam's apple. I drew what I consider to be bad cards on the latter score.

To be clear, I did not have an extraordinarily large Adam's apple; it was never the subject of comment by anyone, nor did it ever appear to affect my success in finding companionship and intimacy with others. It was, however, more prominent than average.

But for me, and in particular, for the feminine side of my transgendered self, what I had was a blight, an affliction, an unsightly flaw that I considered to be the equivalent of a cleft palate, or a giant, seeping, hairy wart. Self-perception is everything. It wasn't as bad as I saw it in my own eyes, yet it was simply not acceptable from the perspective of wanting to achieve as typical a female appearance as possible for myself. In general, from adolescence forward, I experienced a great deal of discontentment and dissatisfaction with this aspect of my appearance. Whether in male mode or in female mode, it was something that I had wanted to have "fixed" for a very long time.

The Adam's apple is a protrusion of cartilage on the front aspect of the trachea, or windpipe. The presence of an Adam's apple is considered generally to be one of the telltale male secondary sexual characteristics, as typical as hair on one's chest, though its size and prominence varies widely from individual to individual. The very term "Adam's" denotes its fundamental identification as a male trait (i.e. as opposed to Eve; I won't even comment on the specific significance of the apple metaphor in biblical terms, other than to say that I saw my own Adam's apple as being just as undesirable to me, as the bible

sees the things that it attributes to the apple that Eve sampled! In other words: Bad Apple!)

In situations of a prominent Adam's apple, much of the prominent portion is simply excess cartilage that serves little purpose. In extremely prominent cases, one can see the Adam's apple visibly bobbing up and down as a person speaks. It is generally considered to be an unattractive feature from an aesthetic perspective, and a pronounced Adam's apple is certainly an unappealing and unfeminine feature on a (trans) woman, from my personal perspective.

So...I finally decided that it was time to screw up my courage, and get the situation dealt with. I am at a stage in my own trans* journey where I have not yet reached complete clarity as to the path I ultimately wish to pursue. Yet, I am on a path nonetheless, and certainly journeying. I have chosen to pursue my gender transformation with the taking of steps that are consistent with both continued life as a man, or with transition to life as a woman. For this reason, although Adam's apple reduction surgery is permanent in its effects, it is not a step that I considered to be inconsistent with male life, nor certainly with female. It was high on my list, and it is the first surgical step I have now taken towards

transforming myself physically.

The Procedure

The surgical reduction of the Adam's apple is also often referred to as a "tracheal shave" procedure. The actual medical name of the surgical procedure that is performed is *chondrolaryngoplasty*. The chondrolaryngoplasty procedure, described in medical terms, is as follows:

The skin, subcutaneous tissue & investing layer of deep cervical fascia are incised & opened transversely. The middle cervical fascia is divided vertically. The sternothyroid & thyrohyoid muscles are retracted laterally to expose the thyroid cartilage. The perichondrium is incised on the superior rim of the thyroid cartilage from one side to the other. Then the perichondrium on outside & inside of laminae is elevated. The prominent outwardly rolled superior rim, the superior notch, the upper part of the laryngeal prominence & the upper portions of laminae are obliquely excised. The two perichondrial flaps are sutured together with dexton 5-0. Hemostasis is made with electric cautery. Subcutaneous tissue & skin are sutured with dexton 5-0. Light compressive dressing on the wound.

In a nutshell (and in English!), a small incision of approximately one inch in length is made horizontally in an existing skin fold close to the most prominent

part of the Adam's apple. Skin and muscle are separated to expose the Adam's apple cartilage, and the prominent or pointy excess portions at the front are scraped or carved away. In younger persons this cartilage has the consistency of soap. In older persons, it may become bony. After the shaping and resection of the cartilage to smooth its shape and create a more feminine appearance, the incision is closed and a simple dressing is applied. The procedure can be performed under either local or general anaesthetic, with or without a pre-surgical relaxant (e.g. valium) being administered to reduce anxiety. The procedure is intended to correct the physical shape and contour of the neck/throat, not to affect the voice and vocal chords in any sense. Different surgical procedures to affect the voice are available, but will not be described here.

The tracheal shave surgery is painless, although there can be some discomfort at points in time during the procedure, due to the exertion of pressure on the Adam's apple by the surgeon. The procedure takes approximately 45 minutes to perform. Often a single suture is used to close the incision, which must later be removed. In other cases, self-dissolving sutures may be used. This is likely a matter of physician preference, or perhaps other considerations (e.g. in my own

case, self-dissolving sutures were used, perhaps in order to spare me the inconvenience of a return drive to Montreal of some 200 kilometres in order to attend a five minute appointment for the removal of a non-dissolving stitch.) Post-surgical aftercare is minimal and uncomplicated.

A painkiller and anti-inflammatory are prescribed, and one is to maintain their gauze dressing and avoid showering or washing the neck for 24 hours. At that point, the gauze can be removed, and the surgical tape is to be kept on for one week, after which it can be removed. If necessary, the stitch is then removed a short time subsequent to that.

Due to the placement of the incision on a skin-fold, the scar that can be expected to form is not expected to be highly noticeable, and one can pinch and rub the incision after a certain point in time, in order to break up scar tissue during the healing of the incision. There is a fair bit of soft-tissue swelling around the incision and resection area, so the final result cannot be seen truly until a period of time has passed, and the actual final contour of the throat can be assessed. Results of the procedure are generally said to be satisfying, permanent, effective, and complication-free.

That said, as with any surgical procedure, there is a risk of possible side-effects and

complications, though they are considered to be very rare with this procedure. The most common side-effects of the procedure are temporary in nature. There is of course some degree of pain in the immediate post-surgical period, due to the simple fact of an incision having been made. There is swelling of the soft-tissues of the neck, and swallowing can be a bit painful and uncomfortable for a period of time after the surgery.

Significant bruising is reported in some cases, with a fair bit of temporary bruising and discoloration occurring on the upper chest and collarbones area. Infection is always a risk in any surgical procedure, but is not reported to present any especially greater risk in the case of chondrolaryngoplasty. Some voice weakness can occur for a few days after surgery, but the procedure is not intended to affect the voice or vocal chords, and no permanent effects upon the voice will occur, unless complications arise.

The two most significant and negative possible complications of the procedure are ones that can result from the surgeon taking away more cartilage than should be taken. There is a limit to the amount of cartilage that can be safely taken away, and to exceed this amount can present serious complications for the patient. For this reason, it is considered highly desirable to have this procedure performed by someone with

experience in performing it. If too much cartilage is resected, there can be two serious outcomes. First, the strength and integrity of the windpipe can be compromised, leaving a person vulnerable to serious injury in the area affected, should it be struck or suffer other trauma. Second, the possibility of vocal-chord collapse exists. If too much cartilage is removed, the vocal chords that are anchored in behind the Adam's apple can lose their tension, and much like the strings of a guitar that are loosened suddenly, the voice will drop down in register, and assume an unnatural depth. As noted already however, these complications are not common, and the procedure should not at all be considered to be high-risk in nature, from what I understand. The chondrolaryngoplasty procedure is performed with great frequency, and with only very small numbers of complications, from what I have been able to learn. The procedure is generally considered to be very safe and uncomplicated, with little incidence of serious problems.

My Personal Experience: Pre-Surgery to 5 Days "Post-Op"

I had known for many years that I wanted to have the tracheal shave procedure performed, and I had researched it slowly over time, and brushed-up my research recently, after I had

decided that it was finally time to have the surgery. For deeper information on the subject, I'd recommend that readers perform some research on the web, perhaps using a "meta-search engine" (i.e. one that searches multiple other search engines simultaneously). I have been quite satisfied with a meta-searcher located at www.ixquick.com

Knowing that it was desirable to have the procedure done by a surgeon with as much experience performing it as possible, and in a desire also to have it done by a surgeon that was generally knowledgeable about and sensitive to transgender health issues, and out of a further desire to maximize my own convenience and avoid the need for any significant travel, it was not difficult for me to arrive at a decision as to whose services I would seek out for the surgery.

Living in Ottawa, only about 200 kilometres from Montreal, I chose to approach the services of the clinique de chirurgie plastique et esthetique in that city, where Drs. Yvan Menard and Pierre Brassard practice. Drs. Menard and Brassard, for those unfamiliar with their names and reputations, are considered to be among the leading surgeons in North America who perform transgender and transsexual related surgeries, including most notably sex/gender/genital

reassignment surgeries. Information about their clinic and services can be found at www.grsmontreal.com

After obtaining the basic information from the website, I telephoned the clinic in early July, and spoke with an administrative staff person who was very polite and friendly. We spoke in English. I indicated that I was interested in having the tracheal shave procedure done, and that I wanted some more information about the next steps involved in making it happen. As it turned out, the next steps involved were very simple! No referral from a physician was required. No blood work was required to be submitted or performed. No physical examination was necessary. I was asked some basic allergy questions. I did not speak with the doctor. I was told the basic preoperative care instructions (no aspirin or alcohol for two weeks prior to the surgery date.) I was advised that a \$500.00 (CDN) deposit was required to obtain a booking for a surgery date, with the balance of the fee payable immediately prior to surgery. The surgery date could be changed (I'm not sure about canceled) on 10 days' notice, without penalty. Credit card or certified cheque would be accepted. With a stay over at their clinic-residence, the fee was \$2500. Without the stay over, the fee would be \$2165.00. There were no other

hidden or additional fees, and no taxes. The procedure is not OHIP covered, nor is it likely to be covered by private health insurance plans (on grounds that it is considered cosmetic surgery.) The clinic staff indicated that the procedure would be performed under local anaesthetic, and performed at the "office" premises downtown, not at the "clinic" premises outside the city center. Dr. Pierre Brassard would be performing the surgery, given the rough dates I had indicated. I would be able to drive home to Ottawa afterwards and return to work the next day, according to the woman I spoke with. Surgery is performed on Mondays and Tuesdays, as I recall it. I thanked her and took some time to ponder my final decision.

I didn't have to ponder for very long. I called back in a couple of hours, VISA card hot in hand, and made a booking for Monday, August 26th at 0930h in the morning, and paid the deposit. Woo hoo! I was excited!

I was a cool customer and was as excited as anything about the upcoming surgery, up until the very day before. Then I panicked! I went through a real swirl of emotions: fear, self-pity, anger, hope, joy, sadness, you name it! But I decided to push onwards, and went about preparing and planning for the trip, meticulously planning my

route through Montreal so that I could travel on mostly familiar routes and minimize my chances of getting lost. I intended to be on the road from Ottawa by 0600h at the very latest on Monday morning, so as to avoid the morning rush into Montreal's city-center by commuters. I packed a bag with everything I thought I could possibly need for the trip, and ate a good dinner. I was nervous as anything, but basically calm and resolved.

I wasn't calm and resolved enough however! I simply couldn't sleep, and in the end, I fell asleep at about 0400h, and awoke late, at about 0630h. Leaping up in a panic, knowing that I would now be hitting Montreal's rush hour at its full height, I whipped through the shower, threw myself together (male mode), and flew out the door. I quickly gassed up my car, grabbed a giant coffee, and roared off down the 417 towards *la belle province* at well over the speed limit, knowing that literally every minute would now count if I were to make it to the surgery appointment by 0930h. It was about 0700h by the time I was actually on the highway.

I made great time, but as expected, I was eventually in the middle of gridlock in the expressway system, and once I finally got out of it and onto rue St. Laurent, normally familiar territory suddenly looked totally

unfamiliar! I was a bundle of nerves, and really anxious about being late. I had about 20 minutes until I was due. So of course I got lost!

I managed to get un-lost fairly quickly with the help of a passerby as I bounced down a cobblestone street (knowing there was *no* way I was supposed to be in cobblestone territory!) With about ten minutes until appointment time, I was back on my way, and in fact was fairly close to the office as it turned out. I called on my cell phone to let them know that I was coming. They were very nice and confirmed the directions I needed to follow and the landmarks to look for. I lucked-out and found free parking just around the corner from the office on a beautiful, tree-lined residential street, and walked through the doors at about 0932h.

The office is a beautiful, greystone old house and is attractively decorated inside, and very tasteful. I offered up my credit card for them to charge the balance, and excused myself to use the washroom. While there, I brushed my teeth. I didn't want to be grossing out the doctor with coffee breath and make him want to rush through my surgery and mess it up!

After coming back out, I signed off on the credit card slip, and was escorted to a rear reception

area, where I met Dr. Brassard and his nurse/assistant Jeanne. They were just finishing up with a young transsexual who had a bandage on her throat, and who I took to have likely had the same procedure as me a short time before. After she left, I said hello in French, but the doctor quickly offered to speak English if it would make me more comfortable. I said it would, so he did. Dr. Brassard explained the various possible risks, and I signed the consent form, and he took me back to another pre-surg area with little beds, where I was to take off my shirt and put on a hospital gown. We chatted while doing this, and I found Dr. Brassard to be very professional, but also very friendly and excellent in providing information and being receptive to questions and making me feel comfortable. He did a brief examination of my neck and Adam's apple, and said that he felt there would be a very nice and very noticeable result. He explained everything that he was going to do, and gave me the post-operative care instructions at that time. I think people absorb the information better beforehand, rather than after, when they're a bit 'shocky'. He asked me if I had any more questions, and when I didn't, he said "Ready?" I nodded. He smiled, and we went on into the operating room, where Jeanne had been busily making preparations.

He asked me how I was doing, and I told him "nervous". He said he could give me something for that if I wanted, but knowing I had to drive home afterwards, I declined, saying that if I could epilate my legs I'm sure I could take this. That got a laugh from him. I laid down on the little operating table, they took away my glasses, and they rigged me up with a metal disk under me (an electrical ground, to deal with blood spillage while electronic hemostasis is used?), and they wrapped my hair in towels, then washed my face, neck and chest with liberal amounts of some sort of antiseptic solution that tastes bad but doesn't hurt your eyes. After that, they used some sort of reddish, betadine-type solution on my neck, and I was asked to arch my head back, and pillows and towels were adjusted under my head and upper neck. The overhead surgical lamp was turned on. My anxiety level suddenly spiked! But I just took a few long, slow, deep breaths, and I relaxed again. Tense, but calm. I asked him if it was going to be ok to swallow while this went on, and he said no problem, but that I should warn him if I was going to cough or sneeze.

Dr. Brassard began prodding etc. at my Adam's apple area with his fingers, and then I think he drew on me with something. Then he said "ok, now I'm going to start with the freeze,

"ok?", and I said yes, and quickly felt a quick little zing from a needle. Nothing bad at all. Tiniest zing. I felt my throat area go numb on the surface. It didn't affect my ability to swallow. I didn't feel it inside my throat at all.

From there, the doctor just went about his business, and I simply lay perfectly still, with my eyes screwed tightly shut. At times I felt the uncomfortable pressure of him pressing on the apple as he worked on it, at times I heard the clicking and humming of either a laser scalpel and/or an electronic hemostasis device; at times I heard him exerting a fair bit of effort, straining at his work; at times he would ask me if I was ok, and I would say "yes, just a bit uncomfortable" or some such thing; at times I would feel him pressing sponges or some such on my throat, likely to mop up blood; at other times, I felt him put in the sutures with some sort of little device that made a bit of a snapping sound. Eventually, he just said out of the blue, "We're done. That's it!" It hadn't been bad, but I was glad that it was over.

He had me sit up at the edge of the table, until my dizziness passed. Jeanne stood nearby with a hand on me, just in case. I asked if he thought it went well, and he said he thought it went very well, and that he had been able to remove a lot of cartilage. He said I should be

very pleased with the result. It had taken about 35-40 minutes. After a few minutes they walked me back to the little bed in the other room, and Dr. Brassard told me he wanted me to lie down if I wanted, but to at least just sit. He told me I looked "very white" and he checked my pulse. I asked if it was racing, and he said "no...sometimes for people it goes too slow, because of emotions or because of pain." He said mine was ok. I mentioned that I'd had almost no sleep, and that I was feeling emotional, for sure. He smiled in a friendly way and asked me to relax for ten or fifteen minutes, or as long as I needed. He went off and got busy preparing for the next surgery, and the next patient came in while I was resting, and I could hear her and the doctor on the other side of the curtain (each bed is separately curtained-off from the others for privacy.)

My throat was a bit sore, though the anaesthetic was still working mostly, and I was tired, and drained, and feeling very, very emotional. It's hard to describe exactly how I felt. It was a mix of fear (of it not giving me what I hoped for), sadness (for having to have had it done at all), joy (for having the opportunity to have it give me what I want), and satisfaction (for having made it through.) After about 10 minutes though, I felt a lot less shocky and dazed, and I was ready to get a move on. It was

boring just sitting there. I didn't feel like reading People Magazine just then, either. So when the doctor happened by a few minutes later, I asked for my glasses, told him I was feeling better, and was ready to be on my way. He asked if I was sure and checked my pulse again. Satisfied, he retrieved my glasses, and he provided me with a prescription for the anti-inflammatory drug Vioxx, and the painkiller Oxycocet (a mild narcotic combined with acetaminophen.) We shook hands warmly about three times as he escorted me to the front hall, and I thanked him, and he wished me well and good luck. I liked him very much, though I must indicate that I have heard anecdotal reports from one other transgrrl who said she had an unfavorable impression of Dr. Brassard. My experience, however was a very positive one.

After a quick check-in at the front desk to see if there was any further paperwork required, and being informed there was not, I received a friendly send-off from the women at the front desk, and headed back to my car, and began the journey home. It was a journey in which many, many thoughts were thought, and in which many, many feelings were felt.

Upon arriving back in Ottawa, I could tell that the anaesthetic was beginning to wear off, and I headed straight to a Shopper's

Drug Mart to fill the prescription Dr. Brassard had given me, and to buy a few other supplies that I thought I might need, including an ice pack (he said this would be very helpful in terms of the swelling.) I stocked up on a few things, but as it turned out, Dr. Brassard is not licensed as a physician in Ontario, so I was not able to fill the prescription there. Instead, I had to make a little jaunt across the Ottawa River, to Hull/Gatineau, Quebec, where I got the prescription filled without difficulty.

Although I had only booked the one day off work for the surgery, Dr. Brassard had indicated that I shouldn't work the following day unless it was absolutely necessary, and that if I had to work, I should take only extra-strength Tylenol and not the oxycocet he had prescribed, while working. By the time I was back home and settled, and after taking the fairly disorienting oxycocet the first evening, I knew that I was not going to be able to go to work comfortably the next day, so I decided to take the day off.

I spent the day of surgery and the day after in a fair bit of pain and discomfort, but after that, it began to diminish significantly, and it has been generally not too bad at all since then. I was back at work on Wednesday, and although I've felt a bit run-

down, I've been able to work without difficulty, and I didn't even need to take painkillers on Thursday, although Friday, and today, Saturday, there has been a bit more pain again, but nothing too serious.

Since returning to work, no one has asked me or commented about the tape-covered incision on my throat, unless it's people that knew that I was going to have the surgery done, who were of course naturally curious. The appearance is not grotesque at all; there is just a piece of tape on my throat, and I can take it off in a few days.

There is still a fair bit of swelling, so I can't judge my satisfaction with the final results of the procedure just yet. At this point, swallowing is still a bit painful at times, but it is nothing really serious at all. All in all: so far so good! I'm pleased.

Conclusions and Recommendations for Others

In my opinion, surgery of any sort is a big decision and not one to be taken lightly. If you don't really need it...consider seriously the idea of not getting it. Surgery is rarely a panacea. The effects of this particular procedure are permanent; it is irreversible. Consult with any and everyone you can before making a decision, and do your research carefully and thoroughly. I believe a person is very well-advised to seek out a surgeon

that has significant experience doing this exact procedure, because in that way, the most serious risks associated with over-resection of cartilage can be avoided to the greatest extent. If you plan to use the clinic in Montreal, one might consider staying at a local bed-and-breakfast, in order to save a bit of money off the fee (I saved \$335 by living within driving distance, for example.) On the basis of my personal experience so far, I could very comfortably recommend the services of Dr. Brassard to anyone contemplating this procedure.

I hope that some of you out there have found my story to be helpful to you in the process of your decision-making about whether to go ahead with this sort of surgery. Whatever your choice may be...good luck to all of you! I'll provide an updating addendum to this story at a later time, after the final results of the surgery and healing are known with some certainty.

Be well, be happy and love yourself, no matter what your decision!

- ADDENDA POINTS: clinic wants you nearby for 24 hours, explain function of AA better, smelled burning!,

Meet my husband Frances. She used to be a man named Arnell. By Jody Paterson, Times Colonist, Friday, May 30, 2003

AFTER 61 YEARS OF MARRIAGE, HE BECAME A SHE: Frances Smith, right, and Grace Smith have a new life together. When they were married 61 years ago, Frances was a man named Arnell. That's all changed now, and they couldn't be happier.

Frances Smith sprints across her kitchen to bring me the scale model of a schooner she once built, and I find myself thinking that she runs like a girl.

She'd like to hear that. Two years into a new life as a female, the 84-year-old retired sawmill worker says she watches herself in the mirror at the end of the hall whenever she's walking that way, just to make sure she's walking like a woman. She still catches too much swagger in her step sometimes.

Her name used to be Arnell Smith, and the cheerful little sign outside the Esquimalt trailer where she lives with wife Grace still welcomes visitors to the home of Arnell and Grace. Grace calls Frances by that name, too, a habit too hard to break after 61 years of marriage.

Victoria-born Grace knew early on that Arnell was different, and not only because he bowled her over with a stylish one-and-a-half Axel when they first met at a Victoria skating rink in 1942.

They hadn't even been married five years when Grace began

noticing that the arm holes of a lot of her blouses and dresses were inexplicably baggy, and the seams split.

Then she started finding stashes of women's clothing around the house, and accused Arnell of having an affair.

"She thought there was another woman. I told her that the other woman was me," recalls Frances.

Grace wasn't happy, but she didn't leave him. Arnell, who was born in Britain, had enlisted in the Royal Air Force shortly after their marriage, and the couple was by then living in England and raising two children. "I was a twin, so I was used to things being dictated for me," Grace says mysteriously.

Not long after, Grace let Arnell put on one of her stretchier dresses and the two of them went outside for an evening walk amid the wail of air-raid sirens. And Frances was born, although it would be 41 years before anyone but Grace would know that.

"It came to me when I was five years old. I didn't want to play with the boys," says Frances of his transsexualism. "I thought I'd do the manly thing and marry, join the RAF. But the woman feelings would always come back."

One night during the Second World War, when Cpl. Arnell Smith and the 12 men he was

supervising were bedded down for the night in a Nissen hut, the familiar urge to put on women's clothing got so intense that the young corporal finally had to dig out the stash that he always carried at the very bottom of his kit bag and get dressed. He leaped back into bed, praying that there wouldn't be an air raid.

There was, but he scrambled into his overcoat so fast that no one saw. "I was lucky that way -- I never really got caught," says Frances.

The decades passed, and Grace and Frances kept their secret. The couple moved back to Victoria in 1948, where Arnell got work as a Fuller Brush salesman and then at a B.C. Forest Products mill. He dressed in women's clothes only when he was certain that nobody but Grace would see, and said nothing to his doctor until he was caught wearing women's underwear one day about 30 years ago.

The Smiths' children were grown and approaching middle age before they were told about their father. The daughter "accepted it immediately," says Frances, but it would be several years before the couple's son would understand.

"He's just coming around now," Frances says. "When we see each other now, he opens his arms to me."

Frances assumed for much of her

life that she was some kind of freak, alone in the world. But then she bought a computer 15 years ago, and learned for the first time online that there was a name for this thing: Transgenderism. And there were many, many people just like Frances.

She eventually started her own Web site, and figures she has probably helped several thousand people who have sought her advice from around the world.

"I've had to pull back lately because I was getting so many e-mails asking things like: 'How can I tell my wife? My son? Can you tell me about hormones?'" says Frances. "There were 50 or 70 a day."

Frances started on hormones 15 years ago, buying them on the black market initially and then finally growing brave enough to ask her doctor for them. The effect of the estrogen has been slow but steady; Frances pats her substantial bosom fondly and notes "it took me 15 years to grow these."

She emerged publicly as a woman in increments, first to her motorcycle buddies in the Goldwing club in the mid-1990s and eventually, to the residents of the trailer park where she and Grace have lived for 31 years. That was just a couple of years ago, when Frances delivered notes to everyone's door explaining her situation.

"They were going to be seeing a woman that they didn't know coming and going from our house, so I thought I might as well tell them," says Frances. "Everyone has been very good about it."

Staff at Jenny Craig weight loss clinic also didn't flinch at learning she was a transsexual, notes Frances, who signed on recently to lose some weight.

"I'm busting out all over from the hormones," she complains. "I started out a 14, and then I was a 16, and now I'm on my way to 18."

The couple's marriage hasn't turned out quite the way that Grace had imagined, concedes Frances. Grace shrugs and says it doesn't trouble her.

"As far as I'm concerned, it's just a mere detail," says the 83-year-old.

"It's no big deal. It's just who the person is."

Grace's eyesight is worsening these days and she's recovering from her second heart attack, and Frances is as much a caregiver now as she is a spouse. She's also a girlfriend: I admire Frances' long fingernails and Grace shows me hers as well; acrylic, they confess, a treat they indulge in together once in a while.

The couple have 10 grandchildren and 11 great-grandchildren, some

of whom still call Frances "Grandpa" while others call her Frances or Auntie Frances. She laughs at the memory of overhearing some of the littler ones puzzling aloud to their parents: "Why does Grandpa look so funny?"

Frances would have liked to have had genital surgery for a complete transition, but her doctor advised her against it. At her age and with her history of heart problems, it's too risky.

It means she can't apply for a change of sex on her birth certificate, which in turn means she's stuck with an M on her driver's licence. But that's tolerable, she says: At least she'll be able to get her photo changed next year when her licence expires.

Considered the "granny" of the local transgendered community, Frances regularly attends support sessions and social gatherings with some of the group's 100 members. Two transgendered UVic students, afraid to be caught cross-dressing by their parents, frequently come to the Smiths' house to do it instead.

"We go out to tea and practise things like how we're sitting, and using the ladies' and the men's washrooms," says Frances, who taught one of the students how to tie a necktie the other day. "I still sit with my legs too wide apart sometimes."

Frances has made it one of her missions to get the word out about transgenderism now that she's out of the closet, so she tells whoever she can that she's a transsexual. Some of her old motorcycle buddies, all but a couple of whom were accepting of her sex change, praise her for "having more guts than they would have," says Frances.

The other day while browsing the Internet, Frances came across a study that estimated the world's transgendered population at seven million.

"Seven million -- that's fantastic," she says.

"And to think that I thought for all those years that I was the only one."

Some thoughts on transition by Lauren Mulvihill

I am living full time as a woman now. When I started I didn't know I was in transition, that it was part of a process that had begun before I even knew what those strange feelings meant that no one else I knew had. I certainly didn't know that a part of the process was to break down my personality, discard some hangups, preconceptions, prejudices and fears that didn't belong there and reassemble it adding new and strange thoughts, emotions and especially, a whole other way of seeing myself, the world I lived in and how I lived in that world. There were times I

wanted out of that nightmare, to put everything back where they were and have everything just like it was. And I tried. But the old parts didn't fit anymore. I finally accepted that I was being rebuilt and let it happen. Eventually things seemed to fit together better, to work the way they were supposed to. I didn't have parts of my personality that couldn't work together and were always in conflict. I am starting to function now the way I was meant to. Its not over yet. When I started I had no idea that I would end up where I am now and I don't have a clue where I will be when it is finished.

This is only one way of describing transition. Each one of us is unique as a person and has a unique way of telling her story. Some are at the beginning and have a million questions, some are further along, have the answers to those questions and a million more to ask.

This group that Joanne has organized gives us a chance to share those stories, ask each other the questions and hopefully give each other some answers. Some of us may want advice on taking another big step, some may want confirmation that they have gone as far as they are able. Some may want only to share a pleasant evening with friends.

Beyond He and She: A Transgender News Update by Patrick Letellier

Never have pronouns been so provocative."

So begins a column in the *San Francisco Chronicle* about the difficulties journalists had writing about Gwen Araujo, the transgender teenager killed in Newark, California, in October. In their quest for accuracy, reporters stumbled over pronouns, some calling Gwen he, some she, while others dodged the issue entirely by referring to her as simply "Araujo."

As the *Chronicle* columnist put it, "Our problems with pronoun use are just one manifestation of lives not written about." She's right. Unless they are killed, transgender people almost never make the news. Even then their identities can be blotted out by family members or reporters who erase "her" and revert to "him," or vice versa. But the rich details of their lives are rarely depicted in the media in any depth, and we all lose as a result.

Many transgender people know what it means to move through the world as men *and* women, while others transcend the male-female binary altogether and live their own, yet-to-be defined genders. Dating, family relations, marriage, sex, parenting — they've lived it all from multiple perspectives. Think of the wisdom.

If women are from Venus and men from Mars, transgender people travel the cosmos in ways

most of us never dream about. But when skilled reporters are bedeviled by simple pronouns, the compelling stories of transgender lives get lost in the shuffle.

"The fact that there continues to be so much invisibility and silence around this issue keeps it pathologized," says Lee Maranto, a transsexual man living in Santa Cruz. "Because there isn't enough information in the mainstream media to substantiate that I'm normal," he says, "I'm still out in the margins."

Gwen Araujo's killing may change that. Since her murder, at least eight U.S. papers published lengthy, sympathetic portraits of transgender people. From Buffalo to Berkeley, the Chicago Tribune to Teen People, transgender stories have been making news lately like never before.

The news, however, is not all good.

Killings and police brutality
Take the story of Justen Hall, for instance. He's a 21-year old Texan charged with killing El Paso transgender woman Arlene Diaz. A witness saw Hall and Diaz arguing early one morning. Shortly after, outside a convenience store, police say Hall shot Diaz twice in the back. Because police believe the killing was motivated by prejudice against transgender people, Hall was charged with a hate crime.

Unfortunately, a judge set bail low enough (\$75,000) for Hall to get out. While awaiting trial, police say, Hall killed a second time, allegedly strangling Melanie Billhartz. Police nabbed him again, but rather than holding him without bail, as is appropriate with multiple homicides, the judge just raised the bail. If Hall can post \$125,000, he'll be out on the street again.

"I told them, 'You're going to let him loose, and he's going to kill again,'" said Rosa Diaz, mother of the first victim. "Why did they give him bail?" she asked. It's a fair question. Why was Hall given bail at all, and why was it set so low? What does this say about the value placed on transgender lives?

Violence against transgender people is rampant nationwide, and the criminal justice system does not necessarily provide relief to victims. In fact, countless assaults against transgender people are committed by police officers themselves. According to reports by the National Coalition of Anti-Violence Projects, for the last 4 years almost half the assaults against transgender people in San Francisco -- including verbal, physical and sexual assaults -- were committed by the police. Their post 9-11 heroism notwithstanding, police officers in San Francisco have been terrorizing transgender women for years. Yet in the clamor of reporting about Gwen Araujo's death, no newspaper

mentioned this widespread police brutality.

Transgender women, however, are not the only targets. In August, 2002, a 37-year-old transgender man, Jeremy Burke, filed a \$25 million suit against three San Francisco police officers for their brutality. According to his suit, Burke was severely beaten by police, stripped at a police station and made to wear a dress, laughed at by nurses who made derogatory remarks about his genitals, and left untreated in his cell for eight days. Vomiting and urinating blood, he was finally taken to San Francisco General Hospital and treated for a kidney injury and internal bleeding.

"I think that anybody that suffers like this should stand up," Burke said at the press conference announcing his lawsuit. "The more people that stand up, the more chance we have of stopping this kind of behaviour," he said.

Who needs protection?

Ironically, though trans people are much more likely to be victims of violence than perpetrators, many people feel the need to be "protected" from them.

In St. Louis, Missouri, Vickie McMichael complained to the school board when she learned one of the chaperones on her daughter's school trip was a transgender woman. The trans woman, also a parent in the

district, accompanied 180 fourth-graders on a day-long trip without incident.

"The sad part," McMichael complained, "is people are accepting this as normal behaviour, that he [the trans woman] has a right to do this." "The school is supposed to be protecting our children," she said.

Protecting them from what? From the reality that transgender people exist?

"It seems to me," a gay activist told the press, "you could start, at that age level, saying that not all men grow up to be cowboys and construction workers, and not all women grow up to be ballerinas ... There are all different ways to be a boy, and all different ways to be a girl, and they're all right." Amen.

"The whole notion of protection," says San Jose transgender activist Dana Rivers, "is a metaphor for this base fear people have because they can't fit us in a box." Because transgender people defy the strict categories of male and female, Rivers says, they demonstrate a fluidity of gender that is frightening to a lot of people.

"We represent an openness and a spirit of free thought and free expression to such a degree that we challenge cultural and social paradigms. Our society is afraid of that," she says.

"Protecting" the public often entails harassing transgender people, as happened at a Six Flags amusement park in Dallas. Last month a transgender woman was taken to a park security area and interrogated after someone complained about seeing a "man dressed as a woman." The trans woman, who, fearing more harassment wished to remain anonymous, was accused of violating a park policy that stipulates "if clothing is deemed inappropriate for our family atmosphere" a guest can be shown the door.

Security guards allowed the woman to return to the park only after she produced identification validating her female identity.

"There are still those who would just as soon see us in a grave as be alive," she said, adding, "I try to live a normal life as much as I can, and Six Flags is part of that." That's no small task when you can be hauled in for questioning because someone complains that your clothes and gender don't match to their liking.

The right gender on paper
Having medical or legal documentation – "proof," that is, of actually being the gender they are presenting as – may save some trans people undue harassment, but the right paperwork is often still insufficient.

Case in point: Sean Brookings, a 56-year-old transsexual man

living in Ohio. Since 1988, Brookings has been granted 3 marriage licenses by Judge R.R. Clunk. Last year Clunk learned Brookings was transsexual and had him arrested for allegedly falsifying his gender.

But after his 1991 surgery, Brookings had changed his drivers license and obtained a new social security number to reflect his new name and gender. None of that mattered to Clunk. "This is a terrible sham on the court," he said. "The marriage licenses were issued by fraud. He said he's a male, and he's not a male under Ohio law," Clunk said.

Brookings' ordeal, however, was just beginning. He was segregated from other prisoners in jail, allegedly for his own protection, and forced to drop his trousers so two sheriffs could check out his genitals.

All charges against Brookings were eventually dropped. In October, he filed a federal civil rights lawsuit against the judge and sheriffs for, among other things, wrongful arrest, malicious prosecution and invasion of privacy.

Brookings' case is not unusual. Marriage licenses vex transgender lives nationwide and cause legal wranglings that have wound their way to the Supreme Court. Well, almost. In October, the Supreme Court refused to hear the case of a JNoel

Gardiner, a transsexual woman whose husband died without a will, opening a legal dispute over her late husband's estate between Gardiner and her husband's son, Joe. Joe claimed that since Gardiner is transsexual, her marriage to his father was invalid.

In 1994, Gardiner had sex-reassignment surgery and transitioned from male to female while living in Wisconsin. Under Wisconsin law, she was able to have her birth certificate changed to reflect her female identity. But in 1998 she married her husband in Kansas, where changes in birth certificates are not legally recognized. In other words, J'Noel Gardner was still considered male in Kansas, and same-sex marriages had been banned in that state in 1996.

As her attorney, Sanford Krigel, astutely argued, "Once Wisconsin declared Mrs. Gardiner a woman, she should be considered a woman in the other 49 states." But the Kansas Supreme Court disagreed, ignoring laws in almost 20 states that recognize amended birth certificates. Instead, the Court based its analysis of male and female on definitions found in a 1970 Webster's Dictionary emphasizing reproduction. In a complete disavowal of transsexual lives, the court declared the gender you're born is the gender you remain for all time. And since same-sex marriage is illegal in Kansas, the

court ruled the Gardiner's marriage was indeed invalid. In refusing to hear the case last October, the U.S. Supreme Court let stand this Kansas ruling, ending J'Noel Gardner's 4 year battle to have her gender, and therefore her marriage, legally recognized. Gardiner also lost all claim on her husband's \$2.5 million estate.

Cross-dressing off the job

Marriage is not the only arena rife with legal landmines for transgender people. Getting and keeping jobs can also be monumental tasks, particularly for those who do not "pass" as male or female or who choose to reveal their personal histories. According to a report by the San Francisco Human Rights Commission, nearly 70% of transgender people are unemployed or under employed. As this next case illustrates, so prevalent is transgender employment discrimination that even cross-dressing off duty can cost people their jobs.

Peter Oiler, of New Orleans, had worked for 21 years as a truck driver for Winn-Dixie, the nation's 6th largest supermarket chain, when he confided in a supervisor that he occasionally wore women's clothes when not at work. Shortly after this revelation, Oiler was fired, and Winn-Dixie officials were explicit about the reason: they fired him solely because he cross-dressed, which they believed could "harm the company image." Never mind

that he cross-dressed on his own time, or that he had an unblemished work record.

"To be told that after 21 years with the company felt like a knife in my chest," Oiler said.

He and his wife of 25 years lost their health insurance, Oiler's retirement pension, and almost lost their home. The American Civil Liberties Union (ACLU) then sued on his behalf, claiming the firing violated federal sex discrimination law since Oiler "did not conform to the company's stereotyped notions of how a man ought to look and act."

As with J'Noel Gardner, however, the law was not on Peter Oiler's side. In September, a federal judge ruled that, since transgender people are not protected under federal anti-discrimination law, it was perfectly legal for Winn-Dixie to fire Oiler for cross-dressing off the job.

Sooner or later courts will recognize that people who do their jobs well should not lose their jobs simply because they are transgendered," said Louisiana ACLU Executive Director Joe Cook. "But people like Peter Oiler will suffer until that day comes," he said.

Transgender rights and wrongs

In light of widespread harassment and discrimination, the cities of Baltimore, Boston, Chicago, Key

West and San Jose have all recently passed laws prohibiting discrimination against transgender people, joining 51 other municipalities (including the city of Santa Cruz) and two states (Minnesota and Rhode Island) with similar laws. According to the Transgender Law and Policy Institute, 2002 was "a banner year for transgender equality," with more laws passed last year protecting trans people from discrimination than ever before.

These victories come after years of ardent activism by transgender people who understand they will not be protected by a gay rights bill unless the bill specifically includes them (by saying, for instance, that discrimination based on sexual orientation *and* gender identity or expression is to be outlawed.)

But despite well-publicized discrimination cases, resistance to trans inclusion in such laws is considerable. Last November in Eugene, Oregon, for example, Mayor Jim Torrey threatened to veto a gay rights bill unless the City Council removed provisions that would allow transgender people to use the public bathrooms of their choice (an ongoing battle for trans people everywhere). The provisions were removed and the bill became law.

Even more distressing is when resistance to include transgender people comes from within the

gay movement - as it often does. The largest gay lobbying group in New York, the Empire State Pride Agenda, drafted and, in December, helped pass a landmark bill that protects lesbians, gay men and bisexuals from discrimination, but does not include transgender people. Despite intense lobbying by the trans community and its allies, the Pride Agenda refused to make the bill more inclusive.

"The bill we are voting on today excludes those who surely could use its protections most," said openly-gay Senator Thomas Duane during the bill's debate on the Senate floor. "There are those small, but powerful groups in the gay community who are willing to turn their backs on the transgendered community," Duane said.

When the bill was signed into law, Matt Foreman, the Executive Director of the Pride Agenda, called it "simply extraordinary for our community."

But who's included in "our community"?

Perhaps what's extraordinary is that a gay organization could draft and support a bill that excludes transgender people in the very state where the modern gay movement was started -- by transgender people. Drag queens, butch lesbians, and transsexuals were among the first patrons who stood up to police brutality

in 1969 at a Manhattan bar called the Stonewall Inn, igniting a riot and a nationwide outrage that is cited as the birth of modern gay activism.

Thirty-three years later, the conservative wing of the gay movement displays a profound cultural amnesia, forgetting transgender leadership in the struggle for gay civil rights and relegating trans people to second class citizenship within the larger gay community.

We think the gay and lesbian community has screwed us for too long," said Rusty Mae Moore, co-chair of New York's Metropolitan Gender Network. "If you're going to go around talking about GLBT [gay, lesbian, bisexual and transgender], then you better put the T in your legislation," Moore said.

San Jose activist Dana Rivers agrees. "There's a persistent reticence to include transgender people in lesbian, gay and bisexual politics. We create an observable difference - it's harder to hide us. And so much of the gay movement is drawing great strength from a middle of the road, 'I'm-just-like-you, straight-person' approach."

The passage of New York's bill may portend a similar battle on a national scale. The Human Rights Campaign, the most powerful gay lobby in the country, has for years been at the fore of the

struggle to pass the Employment Non-Discrimination Act, a federal bill that provides protection from discrimination based on sexual orientation but not gender identity or expression. Such bills force transgender people and their allies into an impossible choice: support a bill that excludes them, or oppose a bill that will advance the civil rights of lesbians, gay men and bisexuals. It's a choice they should not have to make.

Leave it to Europeans, however, to put to shame this slow, piecemeal approach to transgender rights and the strife that along goes with it. Last month Great Britain passed a law granting a panoply of rights to transsexuals, allowing them to marry, change their birth certificates, and be legally recognized as their chosen gender. The new law was enacted because laws on transgender rights in Britain were shown to fall "far short of the standards for human dignity and human freedom in the 21st century."

"If democracies are measured by how they treat their minorities," said Minister Rosie Winterton, "then I believe it is absolutely right that the 5,000-strong transsexual community be afforded the same rights enjoyed by the other millions of us in the UK."

America, are you listening?
The elephant behind the

pronouns

Though pronouns continue to be hotly debated in the press, what merits greater attention is the rigid gender binary system they represent, and its complicated impact on transgender lives.

As author Leslie Feinberg explains in the book, *Trans Liberation: Beyond Pink or Blue*: "That pink-blue dogma assumes that biology steers our social destiny. We have been taught that being born female or male will determine how we will dress and walk, whether we will prefer our hair shortly cropped or long and flowing, whether we will be emotionally nurturing or repressed. According to this way of thinking, masculine females are trying to look "like men," and feminine males are trying to act "like women." But those of us who transgress those gender assumptions also shatter their inflexibility."

All the stories reported in this essay can be distilled down to that male-female dichotomy and the people who shatter it: violence against people who transgress conventional male or female behaviour; harassment of people who don't conform to male or female dress codes; denial of marriage or employment rights to people who transcend the gender binary by moving from one end of the spectrum to the other - or somewhere in between; and the willingness of non-trans people to acknowledge that people who live outside

traditional gender categories need and deserve legal protection. The gender binary is "the elephant in the room," says Santa Cruz's Lee Maranto. "You try to avoid it, you don't talk about it, and everyone tries to ignore it. But the elephant is screaming," he says.

"Until we start to break that system down," says Dana Rivers, "and to see that it's okay to be one, the other, in between, or none, and that God made us, too, we won't see change."

TG GOES MAINSTREAM

Law & Order: SVU which is titled Fallacy. This program deals with a young MtF who commits murder to protect herself and all the complications which arise from this act. The show deals with this subject in a very professional and detailed way. They include the correct language and even the Schwab Institute findings concerning the hypothalamus gland.

I F O U N D T H I S INFORMATIVE SITE

from Samantha Perrin
I want to share with everyone from Lynn Conway,
<http://ai.eecs.umich.edu/people/conway/TS/TS.html#anchor819>

TRANSITION THOUGHTS

by Kait Acres

We have been asked to share our thoughts about transition. Actually I had never thought about transition with respect to myself. To go through the full process of moving into the female world in as close to absolute terms as possible has never gone beyond a fond fantasy. I do not have to do that to continue to live, and I would lose too much of what is too precious to me to take that route. One of our members made an interesting statement. She said that each one of us has a unique equation to solve to discover if "going all the way" is right for us. However, having said that, for the past number of years I have been going through a process. That process may well be described as a transition.

For many, many years I simply thought that I had a fascination with female clothing. I have always found it to be a comfortable manner of dress. Progressively I did so, more and more. Most of these years was before the era of the Internet and the information that technology made possible. However for the past ten years or so, with new sources of information, I have been going through a process of self-discovery. This my transition; discovering who I truly am and knowing the comfort of giving expression to my true self.

I now know my desire to "dress"

has always been a symptom, not an end in itself. I am a person largely of the feminine gender. That word 'largely' is still in the process of being defined. However I now think I am pretty close to a full determination.

My transition is the process of moving from living as the person my social environment expected of me to living as the person I truly am.

OUR PRIDE SYSTEM

The central inner conflict at the core of one's experience in this lifetime is caused by a feeling of inferiority: the learned helplessness (reinforced by pain, fear and anxiety) experienced as an infant, conflicting with one's fundamental and inherited (archetypal) and spiritual sense of Self. As a solution to this conflict, the ego develops and is strengthened and organised against anxiety by the use of defence mechanisms, in particular, identifying with an idealized self. This gives a false (egotistical) pride, an unrealistic compensation for one's felt inadequacies; and also results in self-hate for failure to live up to the idealisations.

'False-pride versus self-hate' becomes the new conflict structure, and this results in compulsive strategies to match the internal demands (the parental ideal 'should' which have been accepted and identified with) as well as in-built, instinctual role

models of behaviour (further archetypes). Emotions and feelings that do not conform to the new idealized selves (sub-personalities that may themselves be in conflict) are repressed and denied.

The compulsive strategies, if they work, reinforce the idealized identities. Such strategies involve three major directions:

Moving Towards Others

Seeking protection and approval; restricting own demands and idealizing the other; be 'loving and submissive'. Real purposes and drives are shut away, to conform to daily repetitive tasks.

Moving Against Others

Expansive solutions, seeking to dominate; by seeking admiration and being better than others; by arrogant vindictiveness; by aggressive mastery and control; by perfectionist standards. Justify harmful actions against others by rationalisation ('I'm right and they're wrong'); be blind to the implications of one's actions; if can't be as good then destroy, spoil, invalidate the other's status.

If there is unresolved opposition, aim for a lower ideal that can be managed but think less of oneself - become the underdog, the victim, apologetic, use psychosomatic illness to get sympathy.

Move Away from Others

Resigned solutions, attempting to immobilize conflicts; withdrawal by aloof self-sufficiency and

detachment; over-sensitivity to criticism; refusal to change or contribute; retreat into trivia; control of emotions - never letting go and intellectualising; be elusive, refuse to commit oneself.

Compulsive strategies are applied unconsciously, inappropriately and rigidly. As you find the idealized image doesn't conform to the real world, you try to make the real world conform to you, by manipulating and making demands on others. Further defences, which may be adopted in this conflict-structure, are:

PROJECTION. Attribute one's emotions and desires (especially self-hate) to other people, leading to paranoia.

EXTERNALISATION. Being pre-occupied with changing others, having no inner life: self-hate turned outwards.

LYING. Withholding truth from self and others. Turning compulsive needs into assets - appeasement to goodness, dependency to love, inconsistency to freedom.

PSYCHOSIS. When anxiety is especially acute, neurosis turns to psychosis: an almost complete loss of touch with external reality - the breaking apart of the ego is the final defence. Clearly, it is necessary to restore contact with the repressed feelings involved in this central inner conflict, those of the innocent bewildered baby who could not but have come to the conclusion that he was helpless and dependent, and in

need of every possible support and defence. Clearly, the more loving care the baby received, the more likely it was that a sound bio-survival program was established, giving him a sense of security from which to venture further. But even in the most favourable circumstances, the birth and overwhelming sensations of infancy will have installed a reservoir of primal pain, which has somehow to be released in order to rehabilitate the real Self to full functioning, with an ego that is clear of defensive posturing, but rather has learnt the tools for living a personally expressive and creative life to the fullest potential.

NEW OPPORTUNITY

Wives and Significant Others of TG People

Counsellor in attendance. (Helma Seidl, MSW, RSW).

Time: Friday evening 7:00 to 9:00 p.m., (The same weekend of the Gender Mosaic Social)

Place: 504-177 Nepean St.

Contact: For information or to register phone (613 749-8008).

Those attending will decide the topics and style of the meetings.

This group will be for you. This group has the endorsement of the Executive of Gender Mosaic and will function independently.

You may also contact Barb by email at, koolacres@yahoo.ca

IT IS Your Mail Box TO

The Gender Mosaic, PO Box 7421, Vanier Ontario. K1L 8E4 can be used by all members for their packages, delivery of books or magazines.

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